## IOWA DEPARTMENT OF HUMAN SERVICES

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> TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (MONTHLY TOTALS AS OF 05/31/13)

		(MON)	NIHPA IOIMP2	MD OF 05/31/13)				
CATEGORY OF SERVICE	RECIPIENTS N SERVED	JUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	* * * * * COST PER UNIT OF SERVICE	A V E R A G I COST PER UI ELIGIBLE I RECIPIENT	NITS PER RECIPIENT	* * * * COST PER RECIPIENT SERVED
INPATIENT	9,019	5,988	25,143	\$31,905,028.84	\$1,268.94	\$61.91	2.8	\$3,537.54
OUTPATIENT	69,396	102,265	1,455,938	\$23,152,024.90	\$15.90	\$44.92	21.0	\$333.62
CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	881	989	13,659	\$2,345,561.93	\$171.72	\$4.55	15.5	\$2,662.39
INTERMEDIATE CARE FACILITY	11,573	12,461	353,669	\$46,548,065.94	\$131.61	\$90.32	30.6	\$4,022.13
INTER CARE MENTAL RETARDA	1,953	1,953	57,635	\$22,829,176.78	\$396.10	\$44.30	29.5	\$11,689.29
NURSING FAC FOR MENTAL ILL	85	86	2,444	\$689,984.68	\$282.32	\$2.59	28.8	\$8,117.47
HOME HEALTH	12,972	16,533	321,194	\$9,997,181.24	\$31.13	\$19.40	24.8	\$770.67
LEAD INSPECTION AGENCY	1	1	1	\$362.06	\$362.06	\$0.00	1.0	\$362.06
PHYSICIAN	121,385	252,894	480,363	\$15,844,699.12	\$32.98	\$30.74	4.0	\$130.53
CLINIC SERVICES	24,778	34,183	33,235	\$5,538,937.04	\$166.66	\$10.75	1.3	\$223.54
MEP CASE MANAGEMENT	. 0	. 0	Ó	\$0.00	\$0.00	\$0.00		\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$1,688,689.00	\$0.00	\$3.28		\$0.00
LAB AND RADIOLOGICAL	15,481	22,399	40,600	\$734,737.74	\$18.10	\$1.43	2.6	\$47.46
HABILITATION SERVICES	4,101	11,883	117,326	\$6,842,875.96	\$58.32	\$13.28		\$1,668.59
BEHAVIORAL HLTH INTERVENTN SVC	392,006	419,973	419,800	\$5,397,701.35	\$12.86	\$10.47		\$13.77
REHAB SUPPORT SERVICES		. 0	. 0	\$0.00	\$0.00	\$0.00		\$0.00
AMBULANCE SERVICES	2,613	3,057	3,032	\$348,347.68	\$114.89	\$0.68		\$133.31
LOCAL EDUCATION AGENCY	2,271	51,743	584,370	\$7,623,344.48	\$13.05	\$14.79		\$3,356.82
INFANT TODDLER	283	521	985	\$10,828.59	\$10.99	\$0.02	3.5	\$38.26
PRESCRIBED DRUGS	128,322	396,778	341,450	\$18,930,405.75	\$55.44	\$37.27		\$147.52
IOWA-PLAN-PMIC	235,641	252,214	252,210	\$2,710,714.90	\$10.75	\$5.26		\$11.50
DRUG CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00		\$0.00
NEMT SERVICES	391,803	408,045	407,849	\$872,796.86	\$2.14	\$1.69		\$2.23
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00		\$0.00
FAMILY PLANNING SERVICES	6,205	7,008	7,003	\$616,085.34	\$87.97	\$1.20		\$99.29
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00		\$0.00
IOWA PLAN PROGRAM	392,001	419,967	419,757	\$11,565,428.87	\$27.55	\$22.44		\$29.50
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	o	ō	o	\$0.00	\$0.00	\$0.00		\$0.00
EPSDT SCREENING	6,629	7,169	7,102	\$1,821,766.30	\$256.51	\$6.76		\$274.82
HMO SERVICES	17,507	18,094	18,088	\$3,256,910.27	\$180.06	\$2,043.23	1.0	\$186.03
PACE SERVICES	178	177	175	\$571,582.22	\$3,266.18	\$1.11		\$3,211.14
PATIENT MANAGEMENT	186,917	187,433	187,433	\$374,866.00	\$2.00	\$58.94		\$2.01
HEALTH INS PREMIUM PAYMENT	3,287	7,708	7,708	\$588,521.71	\$76.35	\$1.14		\$179.05
MEDICAL SUPPLIES	26,409	44,214	1,997,191	\$4,220,102.29	\$2.11	\$8.31	75.6	\$159.80
HEALTH HOME PROVIDER	2,486	2,748	3,058	\$74,180.45	\$24.26	\$0.14	1.2	\$29.84
OTHER PRACTITIONER	20,247	43,644	99,754	\$3,847,238.71	\$38.57	\$7.47		\$190.02
FAMILY CENTERED PROGRAM	0	0,011	0.00	\$0.00	\$0.00	\$0.00		\$0.00
FAMILY PRESERVATION	0	0	o	\$0.00	\$0.00	\$0.00		\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	o	\$0.00	\$0.00	\$0.00		\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00	\$0.00	\$0.00		\$0.00
DENTAL	29,286	35,791	35,921	\$4,847,554.91	\$134.95	\$9.54		\$165.52
OPTOMETRIST	12,653	14,929	15,942	\$855,247.37	\$53.65	\$1.66		\$67.59
CHIROPRACTIC	8,937	16,397	19,516	\$472,181.32	\$24.19	\$0.93	2.2	\$52.83
PODIATRIC	5,242	5,683	7,264	\$221,757.97	\$30.53	\$0.43	1.4	\$42.30
LONINIC	3,444	3,003	1,207	4001, (31.31	430.33	40.43	1.7	447.30

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## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

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## TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(MONTHLY TOTALS AS OF 05/31/13)

					COST PER	COST PER UNI	TS PER	COST PER
CATEGORY OF SERVICE	RECIPIENTS NUMBER OF		UNITS OF	TOTAL	UNIT OF	ELIGIBLE RE	CIPIENT	RECIPIENT
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT S	ERVED	SERVED
PHYSICAL DISABILITIES SVCS	811	1,060	30,110	\$397,373.29	\$13.20	\$0.77	37.1	\$489.98
BRAIN INJ WAIVER SERVICES	1,208	2,398	55,538	\$2,520,339.09	\$45.38	\$4.89	46.0	\$2,086.37
PSYCHIATRIC	4,576	6,975	7,944	\$315,563.78	\$39.72	\$0.61	1.7	\$68.96
RESIDENTIAL CARE FACILITY	1,155	1,257	35,118	\$283,630.63	\$8.08	\$0.55	30.4	\$245.57
ID WAIVER SERVICE	10,990	21,385	665,279	\$34,331,017.10	\$51.60	\$2,878.19	60.5	\$3,123.84
CHILDRENS MENTAL HEALTH SVC	752	1,145	37,880	\$695,103.72	\$18.35	\$653.29	50.4	\$924.34
AIDS WAIVER SERVICES	31	54	2,632	\$29,702.86	\$11.29	\$928.21	84.9	\$958.16
ELDERLY WAIVER SERVICES	8,821	27,292	482,615	\$6,738,746.49	\$13.96	\$746.76	54.7	\$763.94
ILL & HANDICAPPED WAIVER SVCS	2,083	3,129	90,771	\$1,796,279.05	\$19.79	\$713.94	43.6	\$862.35
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,055	10,459	51,426	\$2,498,071.85	\$48.58	\$4.85	6.4	\$310.13
UNASSIGNED	43	22	0	\$3,164,868.32-	\$0.00	\$6.14-	.0	\$73,601.59-
* ALL CATEGORIES *	432,499	2,880,104	9,196,128	\$283,785,848.11	\$30.86	\$550.65	21.3	\$656.15
		* *	** END OF R	REPORT ***				